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Implicit and explicit self-esteem as concurrent predictors of suicidal ideation, depressive symptoms, and loneliness

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The aim of the present study was to examine whether explicit and implicit self-esteem, the interaction between these two constructs, and their discrepancy are associated with depressive symptoms, suicidal ideation, and loneliness. Participants were 95 young female adults ($M = 21.2$ years, SD = 1.88) enrolled in higher education. We administered the Name Letter Task to measure implicit self-esteem, and the Rosenberg self-esteem scale to assess explicit self-esteem. The results indicated that explicit but not implicit self-esteem was negatively associated with depressive symptoms, suicidal ideation, and loneliness. The interaction of implicit and explicit self-esteem was associated with suicidal ideation, indicating that participants with high implicit self-esteem combined with a low explicit self-esteem showed more suicidal ideation. Furthermore, the size of the discrepancy between implicit and explicit self-esteem was positively associated with depressive symptoms, suicidal ideation, and loneliness. In addition, results showed that the direction of the discrepancy is an important: damaged self-esteem (high implicit self-esteem combined with low explicit self-esteem) was consistently associated with increased levels of depressive symptoms, suicidal ideation, and loneliness, while defensive or fragile self-esteem (high explicit and low implicit self-esteem) was not. Together, these findings provide new insights into the relationship of implicit and explicit self-esteem with depressive symptoms, suicidal ideation, and loneliness.

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1. Introduction

Developmental change and exploration of possible life directions characterize the transition from late adolescence to early adulthood (Arnett, 2000). During this stage, adolescents make life choices often with long-lasting consequences, and strive for a greater independence from parents, which changes the relationships with parents and friends (Arnett, 2000, 2007). Schulenberg, Bryant, and O'Malley (2004; p.1119) described the developmental task of this period as 'trying to take hold of some kind of life.' For a substantial number of adolescents, this phase is associated with internalizing psychological problems (Costello, Mustillo, Erkanli, Keeler, & Angold, 2003). Several theorists have proposed that explicit self-esteem plays a crucial role in the onset and maintenance of these internalizing problems (Brage & Meredith, 1994; Evans, Hawton, & Rodham, 2004; Harter, 1993; Prinstein & La Greca, 2002). Recently, it has been suggested that implicit self-esteem (De Raedt, Schacht, Franck, & De Houwer, 2006), or the discrepancy between implicit and explicit self-esteem (Schröder-Abé, Rudolph, & Schütz, 2007), could also relate to internalizing problems. However, research on implicit self-esteem and the discrepancy between implicit and explicit self-esteem is still scarce. Therefore, the purpose of this study was to gain more insights into the relationship of explicit self-esteem, implicit self-esteem, and the discrepancy between implicit and explicit self-esteem with internalizing psychological problems in female young adults.

Previous research suggests that various internalizing problems occur frequently during adolescence (Fleming & Offord, 1990; Fergusson, Woodward, & Horwood, 2000; Heinrich & Gullone, 2006). More specifically, three common internalizing problems in this period of life are depression (Fleming & Offord, 1990), suicidal

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ideation (Fergusson et al., 2000), and loneliness (Heinrich & Gullone, 2006). Compared with childhood, adolescence is associated with significant increases in the prevalence of depressive disorders (Petersen, Kennedy, & Sullivan, 1991). Studies show that one third of all adolescents show significant depressed moods (Petersen et al., 1993) and that the prevalence of clinical depression in adolescence is between 4% and 8% (Birmaher et al., 1996). Furthermore, adolescent depression may have serious consequences. Adolescent depression is associated with depression and anxiety disorders later on in life (Ferguson & Woodward, 2002), poor psychosocial and academic outcome, and an increased risk for substance abuse (Birmaher et al., 1996). In addition, depression is the most frequently reported risk factor associated with adolescent suicide (Pagliaro, 1995).

Furthermore, longitudinal studies suggest that suicidal ideation also increases during adolescence (Fergusson et al., 2000; Kerr, Owen, Pears, & Capaldi, 2008). Suicidal ideation is defined as thoughts that serve as a means to foster one's own death (American Psychiatric Association, 2003). It can vary from thoughts about the worthlessness of life and a death wish to concrete suicide plans and an obsession with self-destruction. Suicidal ideation predicts suicide attempts (Evans, Hawton, Rodham, & Deeks, 2005) and is an important risk factor for completed suicide (King, 1997).

Next, an increased feeling of loneliness in adolescence is common (Sippola & Bukowski, 1999). Loneliness has been defined as an emotional aversive response to the discrepancy between the desired and the perceived interpersonal relationships of the individual (Peplau & Perlman, 1982). Loneliness has an important intrapersonal element because it reflects the discrepancy between the *perception* of one's social relationships and the desired social relationships (Heinrich & Gullone, 2006). Feelings of loneliness are associated with psychological and physical health problems as well as behavioural pathologies (Baumeister & Leary, 1995).

Depression, suicidal ideation, and loneliness are separate but related constructs (Boergers, Spirito, & Donaldson, 1998: Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006). According to cognitive theories, such forms of internalizing problems are the result of dysfunctional (self) schemas existing in memory (Clark, Beck, & Alford, 1999; Ellis, 2006; Mahon, Yarcheski, Yarcheski, Cannella, & Hanks, 2006). Schemas develop based on early life experiences and become stable cognitive structures that shape emotions, thoughts, and behaviour of individuals. Moreover, people tend to process information in a way that is congruent with their perspective of the world and themselves (Beck, 1967). Accordingly, dysfunctional and negative self-schemas bias information processing and lead to negative beliefs towards 'the self', as self-relevant information is processed in a typical negative manner (Clark et al., 1999). To date, research has mainly focused on self-schemas that are explicit in the sense that they are available to conscious introspection. One example is explicit self-esteem. Explicit self-esteem can be defined as an individual's conscious feeling of self-worth and acceptance (Rosenberg, 1965). Consistent with the assumptions and predictions of the cognitive theory, previous studies consistently showed that explicit self-esteem has a strong inverse relationship with depression (Harter, 1993), suicidal ideation (Evans et al., 2004), and loneliness in adolescence (Prinstein & La Greca, 2002).

Recently, it has been suggested that implicit self-esteem could relate to internalizing psychological problems. Implicit self-esteem is defined as relatively automatic, overlearned, and nonconscious evaluation of the self that guides spontaneous reactions to self-relevant stimuli (Greenwald & Banaji, 1995). Moreover, according to dual-process models, we can distinguish between two information-processing modes with different operating principles, the cognitive and the experiential mode (Epstein, 1994). Explicit self-esteem reflects a product of the cognitive mode, shaped through rational and conscious processing of self-relevant stimuli, whereas implicit self-esteem refers to the experiential mode, shaped through automatic, intuitive processing of affective experiences (Dijksterhuis, 2006; Epstein & Morling, 1995). Schemas in the experiential mode are 'generalizations about what the world and the self are like', based on 'synthesis of emotional significant experiences' (Teglasi & Epstein, 1998). In line with this, the experiential belief (e.g. implicit self-esteem) reflects a relatively automatic, affective evaluation of the self that may exist outside of awareness (Bosson, Swann, & Pennebaker, 2000). Implicit self-evaluations are presumably more automatic, meaning that they are relatively more unconscious, unintentional, efficient, and uncontrollable than explicit self-evaluations (Bargh, 1994). Theorists assume that implicit self-esteem develops earlier and is more primitive than explicit self-esteem (Bosson, Brown, Zeigler-Hill, & Swann, 2003; Koole, Dijksterhuis, & van Knippenberg, 2001), and stems, at least partly, from early social interactions (DeHart, Pelham, & Tennen, 2006). In line with this, implicit self-evaluations are likely to be produced by rather primitive self-enhancement mechanisms, whereas explicit self-evaluations are assumed to be more sophisticated cognitive judgments of the self (Swann & Schroeder, 1995).

Although research on implicit self-esteem is scarce, few studies that do exist have provided valuable information. In contrast to the cognitive theory, high levels of implicit self-esteem seem to be associated with depression in adults (De Raedt et al., 2006; Franck, De Raedt, Dereu, & Van den Abbeele, 2007; Franck, De Raedt, & De Houwer, 2008; Gemar, Segal, Sagrati, & Kennedy, 2001). Similarly, implicit self-esteem, but not explicit self-esteem, has been found to relate positively to future depressive symptoms at six months follow-up (Franck, De Raedt, & De Houwer, 2007). On the other hand, recent findings of Bos, Huijding, Muris, Vogel, and Biesheuvel (2010) suggest there is no association between implicit self-esteem and internalizing problems (e.g. depression and anxiety) in adolescents. To date, the relationship of implicit self-esteem with depressive symptoms, suicidal ideation and loneliness in early adulthood has not received any attention in previous research.

In addition to the unique associations of implicit and explicit self-esteem with indices of internalizing symptoms, it may be of value to consider the discrepancy between implicit and explicit self-esteem as relevant for understanding psychopathology. Implicit and explicit self-esteem are separate but related constructs (Bosson et al., 2000). To understand the role of implicit self-esteem in internalizing problems, the relationship between implicit and explicit self-esteem appears to be important. First, implicit self-esteem might moderate (i.e., buffer or change the nature of) the association between explicit self-esteem and each internalizing outcome. Alternatively, the discrepancy between implicit and explicit self-esteem may be important to consider. Asymmetric changes of self-schemas (for example increases in implicit self-esteem and decreases in explicit self-esteem) may lead to discrepancies between implicit and explicit self-esteem, assuming that different processes influence implicit and explicit self-esteem (Gawronski & Bodenhausen, 2006). More specifically, we can distinguish between two forms of implicit and explicit self-esteem discrepancies: a) defensive (Jordan, Spencer, Zanna, Hoshino-Browne, & Correll, 2003) or fragile self-esteem (Bosson et al., 2003) reflecting high explicit and low implicit self-esteem and b) damaged self-esteem (Schröder-Abé, Rudolph, Wiesner, & Schütz, 2007) consisting of high implicit and low explicit self-esteem.

To explain why discrepancies between implicit and explicit self-esteem are a source of psychological problems, Schröder-Abé, Wiesner et al. (2007) hypothesized that both types of discrepancies

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